

This Page Is Inserted by IFW Operations  
and is not a part of the Official Record

## **BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images may include (but are not limited to):

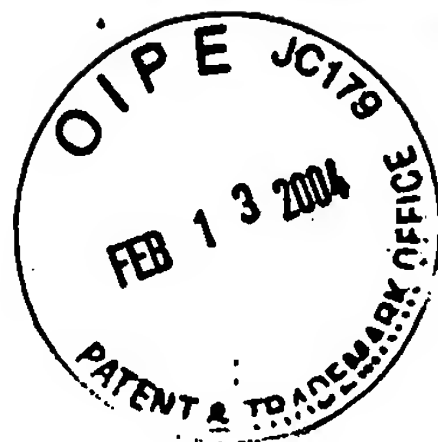
- BLACK BORDERS
- TEXT CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT
- ILLEGIBLE TEXT
- SKEWED/SLANTED IMAGES
- COLORED PHOTOS
- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

**IMAGES ARE BEST AVAILABLE COPY.**

**As rescanning documents *will not* correct images,  
please do not report the images to the  
Image Problem Mailbox.**

'04-02-13 16:14 AVENTIS LEG &amp; IPG

P.3/4



|  |                      |                   |
|--|----------------------|-------------------|
| <b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b><br><br><input type="checkbox"/> Declaration Submitted with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing | Attorney Docket No.  | 2923-0562         |
|  | First Named Inventor | Hideki ICHIKAWA   |
|  | COMPLETE IF KNOWN    |                   |
|  | Application Number   |                   |
|  | Filing Date          | 22 September 2003 |
|  | Group Art Unit       | Unassigned        |
|  | Examiner Name        | Unassigned        |

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: LYOPHILIZED COMPOSITION OF BONE MORPHOGENETIC FACTOR HUMAN MP52, the specification of which was filed on 22 September 2003, as United States Application Number 10/866,535.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Numbers | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed                                 | Certified Copy Attached?                             |  |
|-----------------------------------|---------|----------------------------------|--|--|--|
|                                   |         |                                  |  | YES  | NO   |
| 8/16349                           | Japan   | 01/30/1997                       | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/> |

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) |
|-----------------------|--------------------------|
|                       |                          |

I or we hereby appoint the registered practitioner(s) associated with Customer No. 6449 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Direct all correspondence to Customer Number 6449.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Declaration and Power of Attorney  
Page 1

'04-02-13 16:21 AVENTIS LEG &amp; IPG

P.4/4

|   |           |   |         |
|---|-----------|---|---------|
| NAME OF SOLE OR FIRST INVENTOR:           |           | <input type="checkbox"/> A petition has been filed for this unsigned inventor |         |
| Given Name<br>(first and middle (if any)) |           | Family Name<br>or Surname   |         |
| Hidaki                                    |           | ICHIKAWA  |         |
| Inventor's Signature                      |           | Date  |         |
| <i>Hidaki Ichikawa</i>                    |           | <i>February 5, 2004</i>   |         |
| Residence: City                           | Kawagoe   | State   | Saitama |
| Country                                   | Japan     | Citizenship   | Japan   |
| Mailing Address                           |           |   |         |
| 760-1 Miamotsuka                          |           |   |         |
| Mailing Address                           |           |   |         |
| City                                      | Kawagoe   | State   | Saitama |
| Zip                                       |           | Country   | Japan   |
| NAME OF SECOND INVENTOR:                  |           | <input type="checkbox"/> A petition has been filed for this unsigned inventor |         |
| Given Name<br>(first and middle (if any)) |           | Family Name<br>or Surname   |         |
| Mitsuko                                   |           | INAGAKI   |         |
| Inventor's Signature                      |           | Date  |         |
| <i>Mitsuko Inagaki</i>                    |           | <i>February 10, 2004</i>  |         |
| Residence: City                           | Iruma-shi | State   | Saitama |
| Country                                   | Japan     | Citizenship   | Japan   |
| Mailing Address                           |           |   |         |
| B-312, 1084-1, Shimofujisawa              |           |   |         |
| Mailing Address                           |           |   |         |
| City                                      | Iruma-shi | State   | Saitama |
| Zip                                       | 358-0012  | Country   | Japan   |
| NAME OF THIRD INVENTOR:                   |           | <input type="checkbox"/> A petition has been filed for this unsigned inventor |         |
| Given Name<br>(first and middle (if any)) |           | Family Name<br>or Surname   |         |
|   |           |   |         |
| Inventor's Signature                      |           | Date  |         |
|   |           |   |         |
| Residence: City                           |           | State   |         |
| Country                                   |           | Citizenship   |         |
| Mailing Address                           |           |   |         |
|   |           |   |         |
| Mailing Address                           |           |   |         |
|   |           |   |         |
| City                                      |           | State   |         |
| Zip                                       |           | Country   |         |
| NAME OF FOURTH INVENTOR:                  |           | <input type="checkbox"/> A petition has been filed for this unsigned inventor |         |
| Given Name<br>(first and middle (if any)) |           | Family Name<br>or Surname   |         |
|   |           |   |         |
| Inventor's Signature                      |           | Date  |         |
|   |           |   |         |
| Residence: City                           |           | State   |         |
| Country                                   |           | Citizenship   |         |
| Mailing Address                           |           |   |         |
|   |           |   |         |
| Mailing Address                           |           |   |         |
|   |           |   |         |
| City                                      |           | State   |         |
| Zip                                       |           | Country   |         |

Declaration and Power of Attorney  
Page 2